

REPORT OF INCIDENT OR STUDENT ACCIDENT (RSK-F103A)

TYPE: <input type="checkbox"/> Student Accident or Incident <input type="checkbox"/> Incident (Visitor / Property) <input type="checkbox"/> Employee Accident/Injury			
School Name		School Phone:	
Location of Incident		Police Report #	
Date of Incident: mm/dd/yy		Time of Incident: hr/min/am-pm	
NOTIFICATION : Yes No Phone Box FAX			
Nurse or Health Services	<input type="checkbox"/>	<input type="checkbox"/>	6439412 764 3992028
First Aid Provided:			
Parent Emergency Contact	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid Provider :			
911	<input type="checkbox"/>	<input type="checkbox"/>	
Instructor/Supervisor on duty :			
Communication Office	<input type="checkbox"/>	<input type="checkbox"/>	6439145 704 3992058
Area of Body Involved :			
Human Resources	<input type="checkbox"/>	<input type="checkbox"/>	6439050 770 3992016
How did person leave site (car, ambulance, etc.)			
Safe Schools Office	<input type="checkbox"/>	<input type="checkbox"/>	6437990 821 3992020
District Security Office	<input type="checkbox"/>	<input type="checkbox"/>	6437444 823 3992014
Time Person left :			
Risk Management	<input type="checkbox"/>	<input type="checkbox"/>	6439421 840 3992071
Who person left with :			
Police	<input type="checkbox"/>	<input type="checkbox"/>	City 2645471 CG 5245115
Does person have insurance :			
Other :			
Area Assistant Superintendent			List witnesses : attach witness statements
AREA I - WEST	<input type="checkbox"/>	<input type="checkbox"/>	6439449 718 3992024
AREA II - CENTRAL	<input type="checkbox"/>	<input type="checkbox"/>	6439009 718 3992024
AREA III - EAST	<input type="checkbox"/>	<input type="checkbox"/>	643-811 718 3992024
PERSON (S) INVOLVED			
Name: (Last, First, Middle)		Student	